


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90002 013 ***150.00

DOCUMENT # J27300
 1. Entity Name
SHARON TOBIN NYMAN P.A.



Principal Place of Business Mailing Address
 113 COASTAL DRIVE 113 COASTAL DRIVE
 KEY LARGO, FL 33037 US KEY LARGO, FL 33037 US

J4004138



2. Principal Place of Business 3. Mailing Address
91980 Overseas Hwy Suite, Apt. #, etc.
 Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State City & State
Tavernier FL City & State
 Zip Country Zip Country
33070 US **US**

4. FEI Number Applied For
59-2814669 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~NYMAN, SHARON T~~
~~94220 OVERSEAS HWY 5A~~
~~TAVERNIER, FL 33070~~

7. Name and Address of New Registered Agent
 Name **Sharon Nyman**
 Street Address (P.O. Box Number is Not Acceptable)
113 Coastal Drive
 City **Key Largo FL** Zip Code **33037**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Sharon Nyman* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	NYMAN, SHARON T	94220 OVERSEAS HWY 5A	TAVERNIER, FL 33070	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Sharon Nyman	113 Coastal Drive	Key Largo FL 33037	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Nyman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/3/04** Daytime Phone #: **308-852-7205**

Sharon Nyman

Attachment



54004138

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 26, 2004

SHARON TOBIN NYMAN P.A.
113 COASTAL DRIVE
KEY LARGO, FL 33037 US

SUBJECT: SHARON TOBIN NYMAN P.A.
Ref. Number: J27300

We have received your document for SHARON TOBIN NYMAN P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 204A00004372